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EH	Emergency Handbook
ID	Infectious Diseases Issue
NI	Nutrition Issue
O	Outlook
PB	Practical Briefings
PFYP	Procedures for Your Practice
RR	Reader Reaction
WYPA	When Your Patient Asks. . .

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XANAX® Tablets
(alprazolam) C

CONTRAINDICATIONS
Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

WARNINGS
Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

PRECAUTIONS
General: The dosage of XANAX Tablets should be reduced or withdrawn gradually, since withdrawal seizures have been reported upon abrupt withdrawal. If XANAX is combined with other psychotropics or anticonvulsant drugs, consider drug potentiation (see Drug Interaction section). Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage (see Dosage and Administration). Observe the usual precautions in treating patients with impaired renal or hepatic function.

Information for Patients: Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. *Laboratory Tests:* Not ordinarily required in otherwise healthy patients. *Drug Interactions:* Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with benzodiazepines have been reported. *Drug/Laboratory Test Interactions:* No consistent pattern for a specific drug or specific test. *Carcinogenesis, Mutagenesis, Impairment of Fertility:* No carcinogenic potential or impairment of fertility in rats. *Pregnancy:* See Warnings. *Nonteratogenic Effects:* The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. *Labor and Delivery:* No established use. *Nursing Mothers:* Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. *Pediatric Use:* Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS
Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacologic activity of XANAX, eg, drowsiness or lightheadedness.

Central nervous system: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness.

Gastrointestinal: Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation.

Cardiovascular: Tachycardia/palpitations, and hypotension.

Sensory: Blurred vision.

Musculoskeletal: Rigidity and tremor.

Cutaneous: Dermatitis/allergy.

Other side effects: Nasal congestion, weight gain, and weight loss.

In addition, the following adverse events have been reported with the use of benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, transient amnesia or memory impairment, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes of unknown significance have been observed.

DRUG ABUSE AND DEPENDENCE
Physical and Psychological Dependence: Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. Withdrawal seizures have occurred upon rapid decrease or abrupt discontinuation of therapy. In all patients, dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. *Controlled Substance Class:* XANAX is a controlled substance and has been assigned to schedule IV.

DOSAGE AND ADMINISTRATION
The usual starting dose is 0.25 to 0.5 mg, t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than one milligram every three days.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

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